

# SJRCC FTCE Review Workshop Registration Form

**TO REGISTER:** Florida Teacher Certification Exam (FTCE) registration is on-going. Completed registration form and payment must be received before **noon** on the last business day before the first course session.

- **Walk In:** Register in person at any SJRCC Campus in the Records Office or Administration Building.
- **By Fax:** Fax completed Registration Form, with credit card payment information, to (386) 312-4048.
- **By Mail:** Mail completed Registration Form, with check, money order, or credit card payment information (do not send cash), to the SJRCC Records Office, 5001 St. Johns Avenue, Palatka, FL 32177.

Published FTCE Review workshop course schedule is subject to change. For the most up to date course offerings call 386-312-4242. To receive a refund for a FTCE Review Workshop course, students must complete and submit a Course Withdrawal Form to SJRCC's Records Office prior to the first scheduled class meeting. No refunds after classes begin.

<b>Name:</b> Last _____ First _____ Middle _____ Previous _____			
<b>S.S. or Student ID #:</b> _____		<b>Birthdate:</b> _____	
<b>Gender-Check One:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>Address</b> (include City, State, Zip): _____			
<b>Telephone:</b> Home (_____) _____ Cell (_____) _____			

<b>Ethnicity-Check One:</b>				
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native
<b>Citizenship-Check One:</b>				
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Non-U.S. Citizen*	*If you are not a US citizen, indicate Country of Citizenship: _____		
*Permanent Resident Aliens indicate Resident Alien Number: _____		*Non-Resident Aliens indicate VISA held and expiration date of VISA: _____		

<b>Residency Affidavit – Check One, Sign, and Date:</b>	
_____	<b>Florida Resident:</b> I am a United States citizen or have been admitted to the United States as an immigrant. I am a bona fide citizen, resident and domiciliary of the State of Florida and have resided in the State Florida a minimum of 12 months. I certify that the above information is correct.
_____	<b>Non-Florida Resident:</b> I do not qualify for classification as a Florida Resident.
_____	_____
<b>Applicant's Signature (sign in ink)</b>	<b>Date</b>

**STUDENT ACCOMODATIONS:** If you require special services due to a disability, notify the Counseling Office on the campus nearest you a minimum of one week before the course start date so appropriate accommodations can be arranged. This information is confidential and does not affect your admission to the college.

CRN	COURSE #	COURSE TITLE	START & END DATES	TIME	DAY	CAMPUS & ROOM	FEE
							\$25.00
							\$25.00
							\$25.00
							\$25.00
							\$25.00

**Fax & Mail-in Registration Only:**

Complete entire form and FAX to 386-312-4048 or mail to SJRCC Records Office, 5001 St. Johns Avenue, Palatka, FL 32177.

<b>Method of Payment</b> (Circle One): Check/Money Order/Visa/Mastercard	<b>Payment Amount</b> _____
<b>Credit Card #</b> _____	<b>Card Expiration Date</b> _____
<b>Signature as it appears on credit card</b> _____	

**COMPLETED FORMS MUST BE RECEIVED BEFORE NOON ON THE LAST BUSINESS DAY BEFORE THE COURSE SESSION.**